2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # G02056  1. Entity Name  ALLEN HOROWITZ, D.D.S., M.S.D., P.A.							Feb 04, 2004 08:00 AM Secretary of State		
			<u></u>		<u>.</u>	W. W.			
Principal Place	e of Busines	Mailin	g Address	,_,					
5000 HOLLY	WOOD BL		5000 HOLLYWOOD BLVD						
SUITE 4 HOLLYWOOD FL 33021				SUITE 4 HOLLYWOOD FL 33021					
102211100011100011							( (MEN)   MEN) MEN) MEN) MEN) MEN) MEN) MEN) MEN)		
2. Principal P	lace of Busin	3. Mai	3. Mailing Address						
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Suite, Apt	#, etc.		Suit	Suite. Apt. #, etc.			MOORE CR2E034 (11/03)	<u> </u>	
City & State	e		City	City & State			4. FEI Number 59-2222337 Applied For Not Applicat	ble	
Zip				Zip Cour		oltry	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent	-	
HOROWITZ, ALLEN						ivane			
7000 WEST 12TH AVE. HIALEAH FL						Street Address (P.O. Box Number is Not Acceptable)			
(MACCALL) L								<u>.</u>	
		= 2.				City	FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	3	
10.		OFFICERS	AND DIRECTO	PRS	11.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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NAME HOROWITZ, ALLEN					NAME		02/05/04-80075-012 150.00	=	
STREET ADDRESS   500 HOLLYWOOD BLVD., SUITE 4 CITY-ST-ZIP HOLLYWOOD FL 33021						EET AODRESS - ST-ZIP			
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12. Thereby o	certify that th	e information supplie	d with this filing	does not qualify to	w the exe	imption stated in Si	ection 119,07(3)(i), Fiorida Statutes, I further certify that the information	3	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									

**FILED** 

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